

INTRODUCTORY COMMENTS

Commissioner for Patents:

In response to the Office Action dated February 11, 2004, please amend the application as shown on the attached pages.



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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0 031

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TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

Application Number	09/640,041
Filing Date	August 15, 2000
First Named Inventor	W. Michael Kavanaugh
Group Art Unit	1644
Examiner Name	Michail A. Belyavskiy
Attorney Docket No.	59516-135/PP-01615.002

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (<i>please identify below</i>): _____ _____ _____
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Kerry Fluhr, Registration No. 51,686	27476
Signature		
Date	May 11, 2004	

CERTIFICATE OF FACSIMILE TRANSMISSION/MAILING

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